



**EMERGENCY CONTACT INFORMATION**

Please print all information:

NAME OF ATHLETE:

SPORT(S):

NAME OF PARENT / GUARDIAN:

ADDRESS:

HOME PHONE:

DAYTIME PHONE:

OTHER PHONE NUMBERS:

INSURED BY:

POLICY NUMBER:

FAMILY DOCTOR:

PHONE

OTHER DOCTOR:

PHONE:

Emergency Contact if Parent/Guardian cannot be reached:

NAME:

PHONE:

If contact cannot be made with any of the above, the coach will use his/her best judgment to protect and assist the injured in accordance with Denver Public School policy.

PARENT / GUARDIAN SIGNATURE: